

Georgia Department of Community Health
Medicaid Fee-for-Service
Pharmacy Prior Authorization Request Process Guide

Below are bullet points that may be helpful in guiding prescribers or pharmacists through the Georgia Department of Community Health (DCH) prior authorization (PA) and appeal process for Medicaid Fee-for-Service (FFS) recipients. These guidelines do not apply to the Medicaid Care Management Organization (CMO) plans, which have their own prior approval processes and criteria.

Overview of the Prior Authorization Program:

- PA requests can be submitted by a prescriber or a pharmacist, depending on the criteria. PA requests for Synagis must be submitted by the prescriber.
- Requests can be submitted via several methods: phone (for the majority of drugs) or facsimile (for limited drugs).
- Requests are submitted to the Pharmacy Benefits Manager (PBM), Catamaran, which applies the DCH-approved criteria.
- All PA requests are reviewed within 24 hours of initial request. This turnaround time does not include any time while a request is pended in the event that additional information is required from the provider/requestor.
- Requests will result in one of three outcomes:
 - Approved – an approval number is entered into the system to allow immediate access to the required medication.
 - Denied – a denial letter is sent to the prescriber with the instructions for appeal if desired.
 - Pended – a request may be pended if further documentation is required from the prescriber or pharmacist. If additional documentation is not received within 72 hours then the pended request will be administratively denied.
- A first and second level appeal process is available to prescribers:
 - All appeals (first and second level) must be submitted in writing by the prescriber.
 - First level appeals are reviewed by either a PBM or DCH pharmacist.
 - All second level appeals are reviewed by a DCH pharmacist.
 - A written response regarding the outcome of the appeal is sent to the prescriber.
 - First level appeals are addressed within 72 hours of receipt and second level appeals are typically addressed within 72 hours of receipt depending on whether additional information is needed from the prescriber.

Understanding the Application of Prior Authorization to Products:

- DCH monitors new drugs to the market and utilization patterns of existing drugs.
- The Drug Utilization Review (DUR) Board evaluates new drug entities after the drug has been on the market for at least six months. In the interim of the six month period, DCH may or may not require a PA depending on the characteristics of the individual drugs.
- The DUR Board evaluates all the therapeutic categories eligible for supplemental rebates on an annual basis and makes recommendations on any changes to DCH at that time.
- Drugs which may be candidates for PA include but are not limited to the following:

Disclaimer: This document is intended to be a guide. Certain medications may require different processes that are not represented in this guide.

- Drugs with niche indications
- Drugs that are not first line therapy
- Drugs with significant safety concerns
- Drugs with less costly therapeutic alternatives
- Notice is given to pharmacy providers via banner messages on PDL changes to a product.
- A monthly Preferred Drug List is posted on both the DCH website <http://dch.georgia.gov/preferred-drug-lists> and the MMIS website www.mmis.georgia.gov listing the status of the mostly highly utilized products.
- PA criteria are published on the web at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.

Completing a Prior Authorization Request:

- Patient Information:
 - First, Middle, and Last Name
 - Medicaid Identification Number
 - Date of Birth (DOB)
- Prescriber Identification:
 - Name
 - National Provider Identifier Number
 - Practice Address
 - Practice Phone Number
- Medication Requested:
 - Name, Strength, Dosage Form
 - Dosing Regimen
 - Duration of Therapy
- Comprehensive List of Diagnoses
- Laboratory Results if Relevant to the Medication Requested
- Previous Therapy Utilized, Duration of Therapy, and Clinical Results
- Allergies, Contraindications, Drug-Drug Interactions
- ***Specific Reason(s) the Preferred Alternative Therapies are Not Acceptable in the Particular Patient***

Prior authorization requests and any necessary subsequent appeal should be initiated by calling Catamaran at 1-866-525-5827 or in writing (all appeals MUST be submitted in writing) to fax number 1-888-491-9742.

NOTE: Requests such as “this medication is medically necessary for this patient” will be denied due to insufficient information.